

SERIAL NUMBER 09/060,825	FILING DATE 04/16/98	CLASS 381	GROUP ART UNIT 2743	ATTORNEY DOCKET NO. 680148
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APPLICANT

ROBERT BRENNAN, ONTARIO, CANADA.

CONTINUING DOMESTIC DATA***

VERIFIED PROVISIONAL APPLICATION NO. 60/041,991 04/16/97

371 (NAT'L STAGE) DATA***

VERIFIED

FOREIGN APPLICATIONS***

VERIFIED

***** SMALL ENTITY *****

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CAX	SHEETS DRAWING 3	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 4
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS

H SAMUEL FROST
BERESKIN & PARR
BOX 401
40 KING STREET WEST
TORONTO ON M51 13Y
CANADA

AIR MAIL

TITLE

METHOD AND APPARATUS FOR NOISE REDUCTION PARTICULARILY IN HEARIN AIDS

FILING FEE RECEIVED \$702	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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#23

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/060,825	04/16/98	381	2747	680148 10494-10

APPLICANT

ROBERT BRENNAN, ONTARIO, CANADA.

CONTINUING DOMESTIC DATA***

VERIFIED PROVISIONAL APPLICATION NO. 60/041,991 04/16/97

CT

371 (NAT'L STAGE) DATA***

VERIFIED

CT

None

FOREIGN APPLICATIONS***

VERIFIED

CT

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 04/02/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CAX	SHEETS DRAWING 3	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 4
Verified and Acknowledged					
Examiner's Initials		Initials			

ADDRESS	H SAMUEL FROST BERESKIN & PARR BOX 401 40 KING STREET WEST TORONTO ON M51 13Y CANADA	AIR MAIL
TITLE	METHOD AND APPARATUS FOR NOISE REDUCTION PARTICULARLY IN HEARING AIDS	

FILING FEE RECEIVED \$702	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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